università degli studi mediterranea di reggio calabria

Erasmus+

Higher Education: Erasmus+ Learning Agreement form
Student's name
Academic Year 20.../20...

Dati dello studente UNIRC

Erasmus+ Learning Agreement
Student Mobility for Traineeships[1]

Trainee	**Last name(s)**	**First name(s)**	**Date of birth**	**Nationality[2]**	**Gender [Male/Female/Undefined]**	**Level of education (EQF level)[3]**	**Field of education[4]**
						[1] EQF Level 6/Level 7 o Level 8	*es. LAW, ECONOMICS, DESIGN, ARCHITECTURE...*
Beneficiary organisations	**Name**	**Faculty/ Department** (if applicable)	**Erasmus code[6]** (if applicable)	**Address**	**Country**	**Contact person name[7]; email**	
	Università degli Studi Mediterranea di Reggio Calabria	Indicare il Dipartimento di afferenza del Corso di Studi frequentato	I REGGIO01	Via dell'Università, n.25 – 89124 Reggio Calabria https://www.unirc.it/	Italy	**Administrative contact:** +39 09651691264 erasmus@unirc.it [2] Indicare Nome Cognome, e-mail e recapito telefonico Docente Delegato Erasmus del Dipartimento di afferenza del Corso di Studi frequentato. Indicare Nome, Cognome, e-mail del Docente Coordinatore del Corso di Studi del Dipartimento di afferenza	
Sending Institution [only if different from Beneficiary Organisation]	**Name**	**Faculty/ Department**	**Erasmus code** (if applicable)	**Address**	**Country**	**Contact person name; email**	
	/	/	/	/	/	/	
Receiving Organisation	**Name**	**Department**	**Address; website**	**Country**	**Size**	**Contact person[8] name; position; email**	**Mentor[9] name; position; email**
	Denominazione completa dell'Istituto o Impresa Ospitante	Dipartimento /Struttura di accoglienza	Sito web dell'Istituto o dell'Impresa ospitante	Paese dell'Istituto o dell'Impresa ospitante	☐ ≤250 employees ☐ > 250 employees	Indirizzo e-mail/ telefono del responsabile	E-mail e recapito telefonico dell'istituto o dell'Impresa ospitante

Dati ente/università ospitante

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation ← *periodo di mobilità*

Planned period of the physical component: from [day (optional)/month/year] ..... to [day (optional)/month/year] .....

If applicable, planned period of the virtual component: from [day (optional)/month/year] ..... to day (optional)/month/year] .....

Traineeship title: ... *Nome attività di Traineeship*

Number of working hours per week: ... *Numero di ore previste*

Detailed programme of the traineeship (including the virtual component, if applicable):

Dettagli del programma

Traineeship in digital skills[10]: Yes ☐ No ☐

Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):

Conoscenze, abilità e competenze da acquisire al termine della mobilità

Monitoring plan:

Monitoraggio (in itinere)

Evaluation plan:

Modalità di valutazione

Table A - Sezione da compilare prima dello svolgimento della mobilità

[1] Il livello 6 dell'EQF corrisponde al primo ciclo dell'istruzione superiore (laurea triennale), il livello 7 al secondo ciclo (laurea magistrale o magistrale a ciclo unico) e il livello 8 al terzo ciclo (dottorato).

[2] I delegati Erasmus per ogni dipartimento sono visibili qui: https://www.unirc.it/internazionale/erasmus/staff-unirc-internazionale-ed-erasmus

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lingua straniera e livello

The level of **language competence**[11] in _____ [*indicate here the main language of work*] that the trainee already has or agrees to acquire by the start of the mobility period is: *A1* ☐ *A2* ☐ *B1* ☐ *B2* ☐ *C1* ☐ *C2* ☐ *Native speaker* ☐

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Table B - Sending Institution

Please use only one of the following three boxes:[12]

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

Award .....ECTS credits (or equivalent)[13]	Give a grade based on: Traineeship certificate ☐ Final report ☐ Interview ☐
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes ☐ No ☐	

2. The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes ☐ No ☐	If yes, please indicate the number of credits: ....
Give a grade: Yes ☐ No ☐	If yes, please indicate if this will be based on: Traineeship certificate ☐ Final report ☐ Interview ☐
Record the traineeship in the trainee's Transcript of Records: Yes ☐ No ☐	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes ☐ No ☐	

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes ☐ No ☐	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document *(highly recommended)*: Yes ☐ No ☐	

lo studente è coperto da assicurazione

4 **Accident insurance for the trainee**

The beneficiary organisation will provide an accident insurance to the trainee (if not provided by the Receiving Organisation): Yes ☐ No ☐	The accident insurance covers: - accidents during travels made for work purposes: Yes ☐ No ☐ - accidents on the way to work and back from work: Yes ☐ No ☐
The beneficiary organisation will provide a liability insurance to the trainee (if not provided by the Receiving Organisation): Yes ☐ No ☐	

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Table C - Receiving Organisation

The Receiving Organisation will provide financial support to the trainee for the traineeship: Yes ☐ No ☐	If yes, amount (EUR/month): .....
The Receiving Organisation will provide a contribution in kind to the trainee for the traineeship: Yes ☐ No ☐ If yes, please specify:	
The Receiving Organisation will provide an accident insurance to the trainee (if not provided by the beneficiary organisation): Yes ☐ No ☐	The accident insurance covers: - accidents during travels made for work purposes: Yes ☐ No ☐ - accidents on the way to work and back from work: Yes ☐ No ☐
The Receiving Organisation will provide a liability insurance to the trainee (if not provided by the beneficiary organisation): Yes ☐ No ☐	
The Receiving Organisation will provide appropriate support and equipment to the trainee.	
Upon completion of the traineeship, the Receiving Organisation undertakes to issue a traineeship certificate within 5 weeks after the end of the traineeship.	

3 *Table B - Sezione da compilare da parte dell'UNIRC prima dello svolgimento della mobilità*
Scegliere SOLO un'opzione:
punto 1 . Traineeship in quanto tirocinio presente all'interno del proprio piano di studi;
punto 2. Traineeship su base volontaria (non obbligatorio per il corso di laurea);
punto 3. Traineeship post laurea.

4 *https://www.unirc.it/studiare/servizi-studenti/coperture-assicurative-gli-studenti*
Se l'ente/l'università ospitante richiede una specifica copertura assicurativa ai fini dello svolgimento della mobilità, si prega di contattare l'ufficio Erasmus di Ateneo: erasmus@unirc.it

5 *Table C - Sezione da compilare da parte dell'ente/università ospitante prima dello svolgimento della mobilità*

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Sezione da compilare da parte di:

- *studente (firma per prima, indicando la propria email istituzionale)*
- *responsabili UNIRC, ovvero Delegato Erasmus di Dipartimento, Coordinatore del Corso di Studi*
- *responsabile mobilità ente/università ospitante*

prima dello svolgimento della mobilità

By signing this document, the trainee, the beneficiary organisation, the receiving organisation [and the sending institution, if different from the beneficiary organisation] confirm that they approve the learning agreement and that they will comply with all the arrangements agreed by all parties. The trainee and receiving organisation will communicate to the sending institution [and beneficiary organisation, if different from the sending institution] any problem or changes regarding the traineeship period. The sending institution [and the beneficiary organisation, if different from the sending institution] and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The sending institution [and the receiving institution [if the receiving organisation is a higher education institution] undertake[s] to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Commitment	Name	Email	Position	Date	Signature
Trainee	Nome Cognome Studente	Email istituzionale	*Trainee*	Data	**Firma dello studente**
Responsible person[14] at the beneficiary organisation	Indicare Nome e Cognome del Docente Delegato Erasmus del Dipartimento di.....	Email del Docente Delegato Erasmus del Dipartimento di.....	Delegato Erasmus del Dipartimento di.....	Data	**Firma del Delegato Erasmus del Dipartimento**
	Indicare Nome e Cognome del Coordinatore del Corso di Studi del Dipartimento di	Email del Coordinatore del Corso di Studi del Dipartimento di	Coordinatore del Corso di Studi del Dipartimento di	Data	**Firma del Coordinatore del Corso di Studi del Dipartimento**
[Responsible person[15] at the sending institution, if different from the beneficiary organisation]	/	/	/	/	/
Supervisor[16] at the receiving organisation					

During the Mobility

Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation
(to be approved by e-mail or signature by the student, the responsible person in the sending institution and the responsible person in the receiving organisation)

Planned period of the mobility: from [day (optional)/month/year] ..... till [day (optional)/month/year] .....

If applicable, planned period(s) of the virtual mobility: from [day (optional)/month/year] ..... to [day (optional)/month/year] .....

Traineeship title: ...	**Number of working hours per week: ...**
Detailed programme of the traineeship period (including the virtual component, if applicable):	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):	
Monitoring plan:	
Evaluation plan:	

Da compilare solo in caso di cambiamenti durante la mobilità

Table D - Sezione da compilare da parte dell'ente/università ospitante alla fine della mobilità. Questa è una sezione fondamentale ai fini del riconoscimento della mobilità.

After the Mobility

Table D - Traineeship Certificate by the Receiving Organisation
Name of the trainee:
Name of the Receiving Organisation:
Sector of the Receiving Organisation:
Address of the Receiving Organisation [street, city, country, e-mail address], **website:**
Start date and end date of the complete traineeship (incl. virtual component, if applicable): from [day/month/year] ..... to [day/month/year] ..... **Start date and end date of physical component: from [day/month/year] ..... to [day/month/year] .....**
Traineeship title:
Detailed programme of the traineeship period including tasks carried out by the trainee (including the virtual component, if applicable):
Knowledge, skills (intellectual and practical) and competences acquired (achieved learning outcomes):
Evaluation of the trainee:
Date:
Name and signature of the Supervisor at the Receiving Organisation: